NOTICE OF FILING/CLAIM FEE(S) DUE

TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THIS FEE CALCULATION SHEET WITH YOUR RESPONSE.

APPLICATION NUMBER: _89/600003_

Total Fee Calculation

	Fee Code	Total # Claims	Number Extra	X	Fee	Fee =	Total
	Sm./Lg.				Sm. Entity	Lg. Entity	
Basic Filing Fee	201/101				____	____	_220_
Total Claims >20	203/103	____	-20 = ____	X	____	____	____
Independent Claims >3	202/102	____	-3 = ____	X	____	____	____
Mult. Dep Claim Present	204/104				____	____	____
Surcharge	205/105				____	_130_	____
English Translation	139						____

TOTAL FEE CALCULATION   _900_

Fees due upon filing the application:

Total Filing Fees Due = $ _900.00_

Less Filing Fees Submitted   - $ _____

BALANCE DUE   = $ _900.00_

signature
Office of Initial Patent Examination